DHMH - 16 60M 7/84 (VRA 15, 4)

Fellows Funeral Home Mi

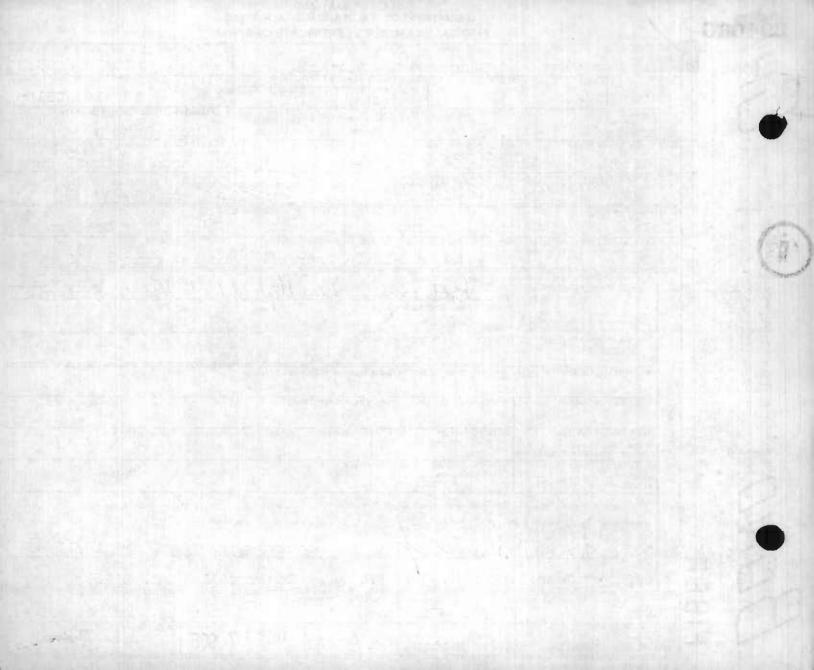
Millington. Md. OCT 15 1985

Julia Davidson-Randise

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 294046 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) 10 10 859:30 DEATH MATED 10 Gregory Lance Foreman YEAR 24 HOUR 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. LIF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOLINCED 6 male Cauc 51 34 10 10 8510pm DEAD BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Queen Anne's Maryland U.S.A. DIVORCED WIDOWED [CITY OR TOWN OF DEATH 126 USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 50-301 & Dundee Road Brick mason Chester building UAL RESIDENCE (IF IN NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 130. STREET ADDRESS 3a STATE 13c CITY OR TOWN Talbot MD Cordova Rt. 1 Box 260 NO X YES 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Roland Foreman Elizabeth Coleman Everett Eva 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 212-56-1540 Patricia Foreman same as 13 e. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR YOWN COUNTY WHILE AT WORK Inquiry X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my apinion Accident X Suicide ___ Homicide . Undetermined manner TITLE (SPECIFY) DATE 10/11/85 Deputy John R. Smith, Jr., MD. Centreville, Md. 21617 23¢, NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Woodlawn Talbot 10/14/85 Easton MD 24 FUNERAL DIRECTOR BY REGISTRAR 125 REGISTBAR'S SIGNATURE - invidson-pandelle (VR A15 ME (5)) Newnam Funeral Home Easton, Md. 21601 15M 7/76



1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1-	STATE REGISTRAR	APPLICATE PARTITION OF THE PROPERTY OF THE PARTY OF THE P	5 3 8
	CEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. AND DE LASY 20 DATE KNOWN XX MONTH OF ESTI.	DAY YEAR 25 HOUR
(TY	PE OR PRINT) William	OF ESTI- XX DEATH MATED 10	1219 85 M
3 SE		TE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21 DATE MONTH	DAY YEAR 2d HOUR
M	PALE WHITE 7	-21-35 50 YRS. DATS HOURS MIN PRONCONCED DEAD 10	12 19 85 4 AM
200	DREIGN COUNTRY)	TIZEN OF WHAT COUNTRY?	
NO.A	TY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1708. USUAL OCCUPATION (TYPE OF WORK)	12b. KIND OF BUSINESS
10		t. 301 north of Rt. 213	OR INDUSTRY
150 S	AL RESIDENCE (IF IN NURSING HOME OR OTHER TATE)	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS	99999
	EWUERSEY KERGA ATHER'S NAME		07032
1	/ FIRSTMIDDL	A thought a second	LAST
160	WAS DECEASED EVER IN U.S. ARMED FO	DRCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADPRESS	. 1 -
36	VES NO. OR UNKNOWN) (IF YES, GIVE WAR OR I	DRCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 284 HARRINGS	INGTON HA
2	18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Y	120 IMMEDIATE CAU		
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
	gave rise to immediate couse (o) stating the under-	(b) Chest compression Due To, or AS A Consequence of	
1	lying cause last.	(c)	
1,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III	
MEDICAL CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
IFIC	The state of the state of		YES X NO
EN I	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PAI	
3	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	2:35xx 10 12, 85 Driver in tractor-trailer/truck	impact
身	214 INJURY OCCURRED WHILE AND NOT WHILE		UNITY STATE
	WHILE AT WORK NOT WHILE	road Rt.301 north of Rt213, Centrevill	e,Q.A.CO,MD.
17	37a. I certify that I took chauge of 180	Inspection . Inquiry . and in my op	inion
1	death resulted from. Shipturgi cous	7/1/1	
	ACTUAL SIGNATURE	M.Acting Chiefmedical examiner Signe	10/12/85
2			0_10/12/03
	(TYPE OR PRINT) Thomas I	D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.	
23a.E	URIAL, CREMATION, REMOVAL 236 DAT	. CITY OR TOWN	ITY STATE
24 5	Rugial 10-	16-85 HOLY CRUSS CEM NORTH HALINGTON BE	
1.1	NAME	22 W. NORTH AUF OCT 14 1985	A
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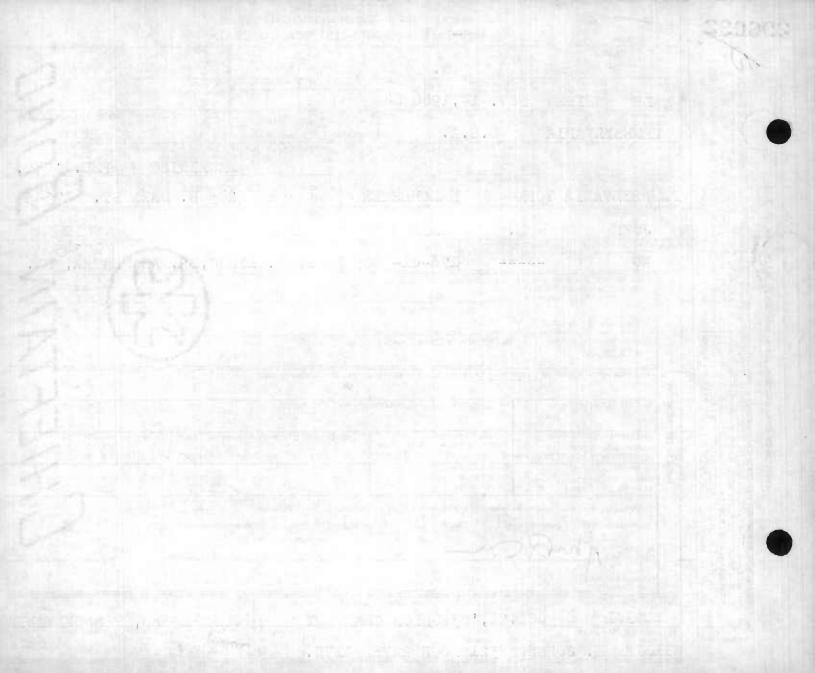
STATE OF MARYLAND

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24435		CEASED NAMI PE OR PRINT)	Helena	a	A.	JA	LAST		20. DATE KNOW OF ESTI DEATH MATE	1 10	17 1985	2b. HOUR
TO PIECE	3. SE	Female	4 RACE White	5. DATE OF BIRTH		AGE (IN YEARS IF U		UNDER 24 HRS.	PRONOUNCED DEAD	MONTH 0	17 8T	2d. HOUR
A SERVICE OF THE SERV	In FO	YOUR CO	untv.	76. CITIZEN OF WH	AT COUNTRY	MAR	RIED NEVER	R MARRIED	9 BALTIMORE C	Anne's		440
FLAT GN PAGE 3	4	ennsylv HY OR TÖWN Centrev	rille /	11. NAME OF HOSI (# NOT IN SUCH FACE Rte. 21	B & 301	T ADDRESS)		IZa US	UAL OCCUPATION MOST OF WORKING LIF	TYPE OF WORK		ISINESS
AND STORY OF	13a. S Pe	nnsylva	nia York	rother institution, GIV TY County	13c CITY OF			NO 🛣 F	REET ADDRESS	30x 235	1737	99
M. M. C.	1	ATHER'S NAME		MIDDLE	LAS		Alv	erta	WIDDLE		Zortman	
ALTIMO GOVERN	160	WAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	7	1 SECURITY NO. 01-5149	In Information Luther	5011	oby, Jr.,	Manch		a.
301 W. PRESTON ST., B. CUTED WITHIN 34 HOUS IN TEMPLE ALONG WITHIN TEMPLE ALONG WITHIN THE MANAL HYGIERE IN TO SHEMOVAL.	1	Canditial gave ricause (a) lying cau	IMMEDIAT ns, if ony, which se to immediate) stating the <u>under-</u> use last.	(b)	AS A CONSE	QUENCE OF	ht I Skull	nguin L'injury	1		adjusted Disco	pis.
AL RECOIDS OULD BETXE OULD BETXE O''PENING HIEF MEDIT F HEALT F HEALT	CHTIFICATION	TANK .	OPERATION	CONTRIBUTING TO GEATN 1		TO THE TERMINAL DISE					20 AUTOPSY	
DIVISION OF VITAL RECORDS 5 CERTIFICATE SHOULD BETAINSTING THE WORD "PENDING ROED TO THE CHEF MEDICAL ES DEPART HENTOF HEALTH PR. SEPART CREMINAL, CREMINE	MEDICAL CERTIF	UNDERLYING CONTRIBUTION	NG CAUSE OF I	DEATH P.M.	MONTH DO	1 19 8 5	HOW INJURY OF	CCUBRED SENTER Which of	HATURE OF INJURY IN I	Passer	YES []	NO X
DIVI THIS CEI WARDED PAGE 3 TATE DE	5	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	CRY, FARM, ETC.)	3 7	213. 30	()	entreville	Qu	UNITY AWAY	MD
EDICAL EXAMINER THE CERTHICATE A SHOULD BE TOI NEEST DIRECTOR POETH WITH, THE	7	220 I certi death result ACTUAL SIGNATURE	ed fan Natur	ral causes	Accident A		Hamicide	MET MET	Inquiry (). DEAL EXAMINER TEVILLE,	DATE SION	11/17	85
09909	23a, E	(TYPE OR PRII	TION, REMOVAL 2	3b. DATE Oct. 21, 198		ME OF CEMETERY		Co	newago	York°	Co., Pa	TATE
DHAH (7) (VEA15 M (5)) 154(7/76		UNERAL DIREC	TOR James	H. Barto me, Centr	n, Jr.		230		YREGISTRAR 1256	REGISTRAR'S	SIGNATURE	-

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296092		FOR STATE			DEPARTMENT	OF HEALTI	AND MENTAL	HYGIENE		0 5	4 1		
230034		REGISTRAR		A	MEDICAL EXAM	MINER'S	CERTIFICATE	OF DEATH	REG. NO.	1 -			
X		CEASED NAW	AE FIRST		MIDDLE		LAST	20 0	DATE KNOWN X	MONTH DAY	YEAR 126 HOUR		
11/10	(TYP	E OR PRINT]	Danil		G.		inaa		OF ESTI-				
3.20mm	2 554		Paul.	It DATE OF BUR			ingg			10 17	19 85 A		
#B#9E	3. SEX		100	5. DATE OF BIR	TH YEAR LAST	(IN YEARS IF UI	HS DAYS HOURS	ER 24 HRS 2c.	DATE	MONTH DAY	YEAR 2d HOUR		
F 8388%	M	ALE	WHITE	NOV.	14,1900 LAST	34 _{YRS.}			DEAD	10 17	1985 11:30		
83255		RTHPLACE (STATE OR	76 CITIZEN OF	WHAT COUNTRY?	8 44 4 DD	IED X NEVER MAI	9.8	ALTIMORE CITY OR	COUNTY OF	DEATH		
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50年40日	CI	TY OR TOWN	OF DEATH		HOSPITAL, NURSING I		IER INSTITUTION		OCCUPATION (TYPE O	F WORK 12b KI	ND OF BUSINESS R INDUSTRY		
35350	1		100 100 100		301-213 ju				HINIST		GOVT.		
- Shand	USUA	RESIDENCE		OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE A	DMISSION				CH	acraci		
AND	PE	MSYL	VANIA	ÖRK	MANCHE	ŠTER	YES NO	13e. STREET 245	N. MAII	V ST.	17345		
Pagant B	13/4/	THER'S NAM	E	WIDOLE	4.07		IS. MOTHER'S MAI	DEN NAME	WIDDLE		Lace		
O PROPERTY OF	/	JOHN		E.	LING		ANNA	1		SM	TTH		
A STATE OF		VAS DECEASI	ED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS	17	345		
計算を表表の		NO	, , , , , ,		176-01	-5009	DAVID H.	LINGG	,SR.MANC	HESTE	R. PA.		
A DE LE	-	18. CAUSE O	OF DEATH (Enter of	nly one couse per	line for (a), (b), and (c						PPROXIMATE INTERVAL		
T DECKY	12	PARTID	EATH WAS CAUS	ED BY:	Multip		rioc			BET	WEEN ONSET AND DEATH		
SERVE SERVE	X	X/2	2 IMMEDI	ATE CAUSE (a)	OR AS A CONSEQUE		Lies						
A STATE OF THE STA		Condition	ons, if any, which		OR AS A CONSEQUE	NCE OF				115			
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N NAME NO		cause (a lying ca	a) stating the unde	T- DUE TO,	OR AS A CONSEQUE	NCE OF							
S ENSTAN		lying co	use tost.	(c)									
AND		PARI 2 OTHER S	SIGNIFICANT CONDITION	S CONTRIBUTING TO DE	ATN BUT NOT RELATED TO TH	E TERMINAL DISEAS	F OR CONDITION GIVEN IN	PART 1 (n)					
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			AL CAUSEWAS		E OF INJURY A.M. MONTH DAY	YEAR 21c. H	OW INJURY OCCUR	RED CENTER NATUE	E OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2}			
ION OF THE ATTE TO THE WOULD HOULD ARTMET	MEDICAL	CONTRIBUT	G DOR ING CAUSE OF	DEATH 113			river in a	auto/tra	ctor trai	ler imp	pact		
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOUL E DEPARTI	1 2	21d INJURY			CE OF INJURY JATHO	ME. 211. LC	CATION						
DIVIS IIS CER WRITIN WRDED OF 3 S OF PR	2	WHILE	NOT WHILE	STREET,	road		t. 301-213		ORTOWN	COUNTY	CO, MD STATE		
FXXXXX		AT WORK	ATVORK		1.000			Janeti	011,	Q.A.	CO,FID		
#X28#9//	1	22a I cert	tify that I took cho	rge of the remains	described obove, held	an Autor	sy K. Inspect	ion . In	quiry . and	in my opinion			
###### /	1	deoth resul	ted from: Nat	ural causes,	Accident X,	Suicide	, Hamicide	Undetermin	ned monner .				
AN SERVICE AN			h. 1	2-			TITLE (SPECIFY)						
# # # # # # # # # # # # # # # # # # #		ACTUAL	Mny	NYS	_	A.	D Assista	ant MEDICAL	EVAMINED	DATE SIGNED	10/18/85		
の中で観点を	1	31140.5531.4025	. 1	/							10/10/02		
#5 × 5 × 5 × 5	1	EXAMINER'S (TYPE OR PR	NAME A	nn M. Diz	kon, M.D.		111	Penn St	. Balto.	MD.			
6×4074 -	122- PI		ATION, REMOVAL	123h DATE	122. 31445.0	E CEMETERY C	ADDRESS	[234 LOCAT	ION				
14499901	(5	BURIA						23d. LOCAT		COUNTY	STATE		
1 gray BP	1	DUKTA	L	PCT. 21,	*85 UNIO	V CEME	TERY	MAN	CHESTER	PENN	SYLVANIA		
DHMH - 17		NERAL DIRE		ADD	RESS		1 1/2	E REC'D. BY REC	A PARTY STATE OF	HAR'S SIGNAT	URE		
(VR A15 ME (5))	WI:	LLIAM	E. JOH	NSON852	1 LOCH R	AVEN E	LVD.	しいずる	1915 guh	a Davidson	n-Randelle		



1				STATE OF MARYLAND			
37	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9 5	4 2
7		CEASED NAME FIRST OR PRINT)	WIDDIE	LAST	THE DATE OF DEATH		26 HOUR
5	,,,,,		a Davis Palmatar	у	October 30, 1	985	М
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		HOURS AIN.
18		Female	White	January 24, 191			
11/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
0		Maryland	U.S.A.	WIDOWED DIVORCED	Queen Anne's C	ounty	MD.
A	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		BUSINESS OR
71	(Church Hill	In her home	Ewingtown Road	Salesperson &		Homemake
5	USU/ 13a. S Ma	TATE 136 COL	Q.A. Church	WN 136 INSIDE CITY LIMITS?		100	23
10		Nathaniel Mor	MIDDLE LAST	Ida Lewi	MIDDLE	LAST	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	S. Internal	
П	- (NO OR UNKNOWN) (IF YES, G	ive war or Dates) 218-20	-7131 John W. Pal	matary, same as	above	
1			anly one couse per line for (a), (b),			APPROXIM BETWEEN OF	ATE INTERVAL
carbanpape, ar remaval.		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	UD			
		MMEDI	DUE TO, OR AS A CONSEC	DUFFICE OF /		11	1/
		Canditions, if any, which	(b) -1/2	heimers 1	150012	16	Lyland
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			
	13	underlying cause last.	(c)				
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Ita	
	CERTIFICATION						
2	ICA	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		S, WERE FINDING FYING CAUSES (OF DEATH?
1	RTIF				- 40	ES 🗍	NO [
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART) OR PART 2)	
	CAI	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK			7	0.6	
			pital) attended the deceased from	E3 =1-	6 to 14 - 50		hat (I) last
			ogs were the body after death.		n death occurred an the date and hau		
	8	27% SIGNATURE	. (.	DEGREE	MEDICAL STAFF	22c. DAJES	IGNED
1		1.00	- ly ami	PHYSICIAN	DIRECTOR PHYSICIAN	1117	[82
1		17#PHYSICIAN'S NAME THE		22e ADDRESS			-16
1		Wayne D. Be	njamin, M.D.		uilding, Chesterto	own, MD	21620
		BURIAL, CREMATION, REMOVA		C. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
		Burial	11/2/85	Church Hill Cemeter		Q.A.	MD
	24 F	UNERAL DIRECTOR	ADDRES		ATE REC'D. BY REGISTRAR 25b. REGIST	TRAR'S SIGNATU	REALL
3	To	m Helfenhein H	ineral Home Ch	urch Hill MD N	W 12 1985	-	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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5	2	9	3	des	
DEG NO					

1 -	STATE REGISTRAR	DEPA	CERTIFICATE OF DEAT		REG. NO.	9 3	
1. DE	CEASED NAME FIRST	MIDDLE	LAST	Za DATE OF D		AY YEAR	2h HOUR
	OR PRINT)		Ch. JT am	10	13 1985		5:05 R
2.65	Mary	I4 RACE	Sudler S. DATE OF BIRTH			F UNDER I YEAR	IF UNDER 24 HRS
3 SE	Female	Negro	MONTH DAY	YEAR .		ONTHS DATS	HOURS MIN.
	r cineta c	Negro	01 06 1	.0 75	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	RY? 8 MARRIED A NEVER MARR	BALTIMOR	E CITY OR COUNTY	OF DEATH	
	PA PA	USA	WIDOWED DIVORC		n Anne's		MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUT		CCUPATION OR MOST OF WORKING LIFE)		F BUSINESS OR
C	entreville		ing CtrCorsica		OR MOST OF WORKING (IFE)	INDUSTRI	
USU	AL RESIDENCE (IF NURSING HOME (OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)				N.
414	STATE 13b COL			- 201 9	Box 1-B	21607	
	ryland Que	en Anne's Barcl	IS MOTHER'S MA		, DOX 1-D	21001	
14.17	FIRST	MIDDLE LAST	FIRST		MIDDLE	LAS	in
	270012020	Arthur Daniels		lian	ADDRESS	Ga	LIN
	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES. G	RMED FORCES? 166 SOCIAL :	SECURITY NO. 17 INFORMANT				
	No	220-0"	7-3440 Charles	p. Sudler	Rd. I box I		
	18 CAUSE OF DEATH (Enter of	only one couse per line for 10 , 16	and ic	(1		BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUS	ATE CAUSE (o)	iranatory	collap	se .	5 h	mi.
	IIVIVIE D	DUE TO, OR AS A CONS	FOLIENICE OF				1000
	Conditions, if any, which	Louis Louis	estaboline c	tasitur.	Grande	14	
	gave rise to immediate cause (a), stating the	10)					
	underlying couse lost	DUE TO, OR AS A CONS	EQUENCE OF	abitis		14	an
8	BART 2 OTHER SIGNIES AND	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINIAL DISEASE	OR CONDITION GIVE	NUN PART 1	
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BOTT OF RELATED TO	THE TERMINAL DISEASE	OK CONDITION GIVE	TA HAT AKT TO	
CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WI	HICH OPERATION WAS PERFORME	D 200 AUTOF	SY? ZOB. IF YES,	WERE FINDIN	NGS USED
FI						ING CAUSES	OF DEATH?
Ē.	710. ACCIDENT WAS UNDERLYING	1216. TIME OF INJURY	Izir HOW IN ILIPY	YES	NO YES		NO []
	OR CONTRIBUTING CAUSE OF D			OCCORNED (ENTERNATO	ME OF INJURY IN HEM IS PAI	RITORPARTZ)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19				
de de	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM ETC.) 21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
1	AT WORK NOT WHILE						De la Maria
	22a.1 certify that (1) (this has	pital) attended the deceased fr	om 700 4 11	9.70 to	Act 13	9 85	that (I) (we) lost
		nat; view the body after death.	19, and that in (my) (our	opinion death accurred	on the date and hour	and from the	causes stated
	226. SIGNATURE	iot wew the body offer deoffi.	DEGREE			22c. DATE	SIGNED
2:	Car	O mine		NDING MEDICAL	STAFF		
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS	DIRECTOR L	J TTTTSICIAIN []		
	0.10	2-0	mile	Iding 11	as ter tou	10 1	nel
	C. S. Sauma		1.64		23.	777	30
23a.	BURIAL, CREMATION, REMOVA	10 10 0F	23c NAME OF CEMETERY OR CREM	CULAU	PTOWN	COUNTY	e's Md.
		10-18-85	Daniel's Cemet	ery Ba	rclay Que	en Anne	e's Ma.

DHMH - 16 60M 7/84 (VRA 15, 4)

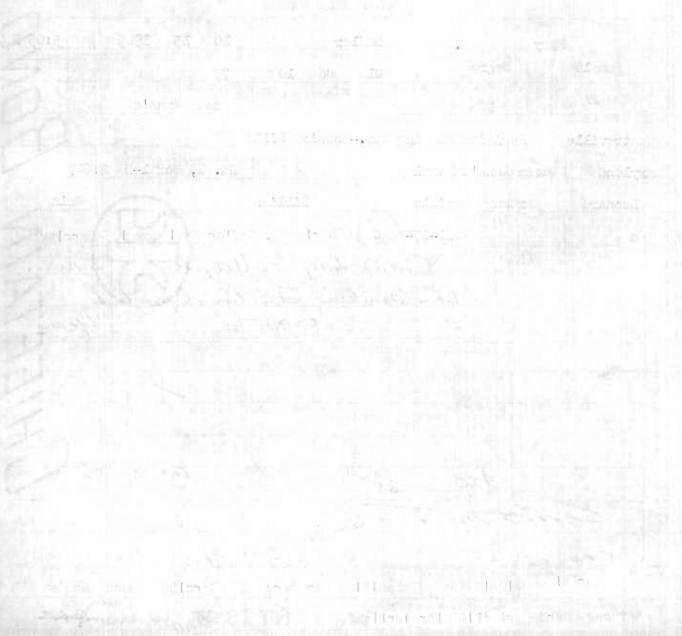
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24 FUNERAL DIRECTOR Anthony Ward

Crisfield Maryland Barclay

Queen Anne's

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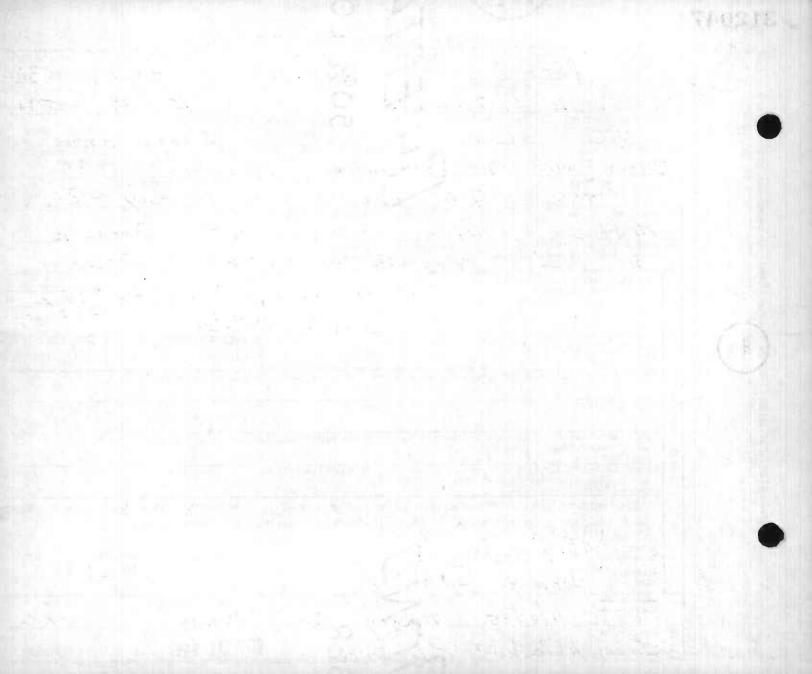


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	B	PART I. DEATH WAS CAUS	ATE CAUSE (a)	CONSEQUENCE OF	denth.	```			
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CTOR AL	4	220.1 certify that (1) thin has saw the lecentral class above. (1) we i did (did	attiview the body after d	198)	nd that in (my) (qur) apıni	an death occurred an the	, ,	and from the causes	
MAL OF SAL DIES		The SIGNATURE	Semon	Lun	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	1008	+5
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DHMH - 16 50M 4/83 (VRA 15. 4)	/	NAME FLIDS	Jan and Dl	Pipess on	To Milan		Julia David		- 1

STATE OF MARYLAND

C. C.O.C.O.C. CONTRACTOR OF PROPERTY OF HELD OF STATES Lillian De 8 realifice and a salaring some the second of the balance of the beautiful and the second Sind the series to the series of the series Thomas I Trade to be a sole of the amount who the think The Mark that the second of th and the same of the contract o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE: MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy (Type or Print) DEATH MATED 4. RACE 6. AGE (In years IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 73 YRS. MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [Oueen 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done que street oddress), INDUSTRY during most of working life, even if retired.) 2 boxpy 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle Last 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT @ ADDRESS 16b. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates of service) 24028 2622 Jome APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO | 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry K ond in my opinion Hygiene death resulted from: Natural couses X Accident . Suicide 🗍 Homicide [Undefermined monner be reforme CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** 2. and 3 to Page 5 may TO FUNERAL Health and M NAME (Type) ADDRESS(Street, city, town, or county) BUDIAL CREMATION. 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Manley · M.C. Temoura. 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR A15ME (5))



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	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH TANDLES ATTRIBUTED THE PART FLANT DELAY IS NECESSARY, PLEASE ECUTE THE CERTIFICATE, WRITING THE WORD "ENDING" IN THE CALLE MEDICAL EVALUATED BE FORWARDED TO THE CHIEF MEDICAL EVALUATED WITH FOW THE . RETAIN PAGE 5 FOR YOUR FILES. THE PROPERTY OF THE STATE DEPARTMENT OF THE STATE DEP	TO MEDICAL EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTED THIS COURS ATTREATH F ANY DELAY IS NECESSARY. PLEASE RECURITING THE CORNING THE WORD "PENDING". IN FIGURE A SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAGE. TO HIS ALD DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAGE. SHOULD BE FILED WITHIN 72 HOURS. AFTER THE STATE DEPARABLE. AFTER DEATH WHITHE STATE DEPARABLE. REMATION OF THE STATE DEPARABLE. THE WORD "STATE". THE STATE DEPARABLE. THE STATE DIRECTOR DEPARABLE. THE STATE DIRECTOR DEPARABLE. THE STATE DIRECTOR DIRECTOR DIRECTOR DEPARABLE. THE STATE DIREC	TOPE A SHOULD BE EXECUTE THE CARLET SHOULD BE EXECUTE THE WEBDIT EXAMINER. 3. SEX Female 7. BIRTHPLACE (ST FOREIGN COUNTRY) Maryla 10. CITY OR TOWN OF SHOULD BE LIKEN WEBDIT MARYLAND 10. CITY OR TOWN OF SHOULD BE LIKEN WEBDIT MARYLAND 10. CITY OR TOWN OF SHOULD BE LIKEN WEBDIT MARYLAND 10. CITY OR TOWN OF SHOULD BE LIKEN WEBDIT MARYLAND 10. CITY OR TOWN OF SHOULD BE LIKEN WEBDIT MARYLAND 10. CONTRIBUTION MEDICAL SHOULD BE LIKEN WEBDIT MARYLAND 10. CONTRIBUTION 11. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 12. CONTRIBUTION 13. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 14. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 15. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 16. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 17. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 18. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 19. DATE OF SHOULD BE LIKEN WEBDIT MARYLAND 19. DATE OF SHOULD BE LIKEN WEBDIT MARYLAND 19. DATE OF SHOULD BE LIKEN WEBDIT MARYLAND 17. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 17. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 18. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 19. DATE OF SHOULD BE LIKEN WEBDIT MARYLAND 19. CAUSE OF SHOULD BE LIKEN WEBDIT MARYLAND 19. DATE OF SHO	EVELLY SEX	TOOLOGY WAS DECEASED NAME FREST EVELYN EVELYN EVELYN EVELYN S. DATE OF BIRTH MONTH Pemale White O9-01-19 76. CITIZEN OF WH Maryland III. NAME OF HORSY Maryland USUAL RESIDENCE (# RN NAMSHANG HOME OR OTHER RISTITUTION, GIVI 136. STATE III. SCOUNTY Maryland M. FATHER'S NAME FRST ROGGER Parsey Idea III. NAME OF HORSY III. NAME OF HORSY III. NAME OF HORSY WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNINNOWN) IVE YES, GIVE WAR OR DATES) NO III. CAUSE OF DEATH (Enter only one couse per line of the part of	DECEASED NAME DECEASED NAME FRST MODIE TOWN TOW	DECEASED NAME REGISTRAR REDIT MODIL MODIL	To State Registrar Determined Determine	Total Properties First Medical Examiner's Certificate of Death Total Properties First Medical Properties Medical Properties	MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECISTORA TO DETERMINE TO DATE KNOWN TO DEATH MARKED RECISTOR TO DEATH MARKED RECISTORA RECISTORA RECISTORA TO DETERMINE THE TOP TO DEATH MARKED RECISTORA RECO	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECERSIONANE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH PROCESSED NAME

STATE OF MARYLAND

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